



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$556275841
Outpatient Patient Service Revenue	\$713437867
Total Gross Patient Service Revenue	\$1269713708

2. Deductions From Revenue

Contractual Allowance	\$879002879
Other Deductions	\$790701
Total Deductions	\$879793580

3. Total Operating Revenue

Net Patient Service Revenue	\$389920128
Other Operating Revenue	\$10052461
Total Operating Revenue	\$399972589

4. Operating Expenses

Salaries and Wages	\$103940620	Employee Benefits	\$30698637
Depreciation and Amortization	\$18641547	Interest Expense	\$1310338
Bad Debt	\$12881491	Other Expenses	\$171319424
Total Operating Expenses	\$338792057		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$61180532	Total Assets	\$537656736
Net Non-operating Gains over Loss	\$10309487	Total Liabilities	\$537656736

Total Net Gains	\$71490019
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$587257131	\$474352269	\$112904862
Medicaid	\$226646927	\$189062895	\$37584032
Other Government	\$11774639	\$8367554	\$3407085
Other State	\$0	\$0	\$0
Other Payers	\$444035011	\$208010862	\$236024149
Total	\$1269713708	\$879793580	\$389920128

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$237965	\$-237965

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$15515	\$-15515

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$472911	\$-472911
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	10900

Statement Six: Charity Statement

Hospital Charity Charges	\$20764727
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4971076	
HCI Payments	\$0		
Subtotal	\$0	\$4971076	\$-4971076
Medicaid Shortfalls	\$46853874	\$66611186	
Subtotal	\$46853874	\$71582262	\$-24728388
DSH Payments	\$0		
Subtotal	\$46853874	\$71582262	\$-24728388
Medicare Shortfalls	\$91428388	\$102418548	
Other Government Programs	\$0	\$0	
Total	\$138282262	\$174000810	\$-35718548

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$8009879	\$-8009879
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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